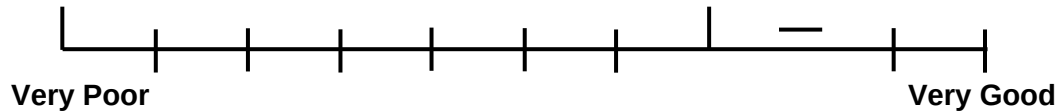


Participant ID: \_\_\_\_\_

**Assessing Fatigue and Fatigue Management in U.S. Onshore Oil and Gas Extraction:  
Pre-Shift Questionnaire  
National Institute for Occupational Safety and Health**

1. **Date (MM/DD/YYYY):** \_\_\_\_\_
2. **Time (HH:MM):** \_\_\_\_\_ AM / PM
3. **If you worked yesterday, what time did you get back to your residence (i.e. the place you sleep during your work rotation)?**
  - a. Time (HH:MM): \_\_\_\_\_ A.M. P.M.
  - b. I did not work yesterday
  - c. Prefer not to say
4. **When did you leave for work today?**  
Time (HH:MM): \_\_\_\_\_ A.M. P.M.
5. **How did you get to the worksite?**
  - a. Driver
  - b. Passenger in a co-worker's vehicle
  - c. Passenger in a company-provided vehicle
  - d. Other (specify): \_\_\_\_\_
  - e. Prefer not to say
6. **Did you sleep on the way to work, even for a little while?**
  - a. Yes
  - b. No
  - c. Prefer not to say
7. **When are you starting your shift? (HH:MM):** \_\_\_\_\_ AM / PM
8. **Not counting the commute to work, please answer the questions about the last time you slept before your shift today**
  - a. What time did you go to bed? \_\_\_\_\_ A.M. P.M.
  - b. How long did it take you to fall asleep? \_\_\_\_\_ Min. Hrs.
  - c. How many times did you wake up after falling asleep? \_\_\_\_\_
  - d. How long were you awake in total? \_\_\_\_\_ Min. Hrs.
  - e. What time did you wake up? \_\_\_\_\_ A.M. P.M.
  - f. What time did you get out of bed? \_\_\_\_\_ A.M. P.M.

g. How would you rate the quality of your sleep?



9. Did you just sleep in employer-provided housing?

- a. Yes
- b. No
- c. Prefer not to say

10. [IF 6=Yes] What type of housing?

- a. Man camp
- b. Hotel or motel
- c. Apartment or house
- d. Other (please specify):
- e. Prefer not to say

11. Please describe the place you just slept:

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
The place I sleep is usually physically comfortable					
The place I sleep is usually at a comfortable temperature					
The place I sleep is usually quiet at night					
The place I sleep is usually dark					

12. Please select the number that indicates your sleepiness in the past five minutes:

Very alert	1
	2
Alert-normal level	3
	4
Neither alert nor sleepy	5
	6
Sleepy, but no effort to keep awake	7
	8
Very sleepy, great effort to keep awake	9

13. Indicate how stressed you feel on the small ruler.

